SECTION 6: REIMBURSEMENT PROCESS

Contact Information:

BILLING QUESTIONS
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PAYMENT QUESTIONS
California Department of Education (CDE)
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SECTION 6: REIMBURSMENT PROCESS

A.   BILLING PROCESS

1.   Invoices for Training Classes and Challenge Tests are generated monthly using the registration and test materials sent to East San Gabriel Valley Regional Occupational Program and Training Center (ESGVROP/TC) for scoring. Types of invoices include:
   a.   DSPT Invoice Report (DDS Financial Report)
   b.   Late Entry Testing Report

2.   A copy of the monthly invoice (DDS Financial Report) is sent to each ROCP for verification.
   a.   ROCPs have 30 days from the date of the invoicing memo to notify ESGVROP/TC of any changes and/or corrections.
   b.   Corrections will be made in the next months billing cycle.

3.   ESGVROP/TC forwards monthly invoices (DDS Financial Report) to the California Department of Education (CDE) for processing.
   a.   CDE processes billing and mails request for payment to the State Controller.
   b.   State Controller sends payment to the County Treasurer's office that is responsible for distribution to each ROCP.
   c.   CDE sends each ROCP a monthly report of cumulative payments.

4.   Questions regarding billing accuracy are directed to ESGVROP/TC.

5.   Questions regarding payments are directed to CDE.

B.   Reimbursement Rates

1.   ROCPs are reimbursed for the following:

   a.   Challenge Testing: $35 per test
   b.   35 Hour Training Course: $3390 per course up to 10 students
                                      (includes $390 for trainer preparation)

   For all students after 10:
   c.   35 Hour Training Course: $300 for each student
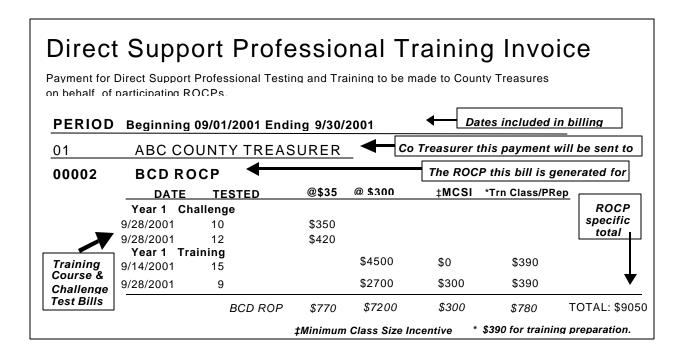
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2.   Multiple Training Classes with the same testing date:

If you have more than one training class that ends on the same date you **must** do the following to receive the trainer preparation reimbursement for each class.

a.   Bundle each class separately.
b.   Assign each class one unique letter from this list: C, E, N, O or S.
c.   Fill in the sixth (far right) column of the TEST SITE NUMBER field on the Scantron© Test Answer Sheet of each student with the letter assigned to their class.
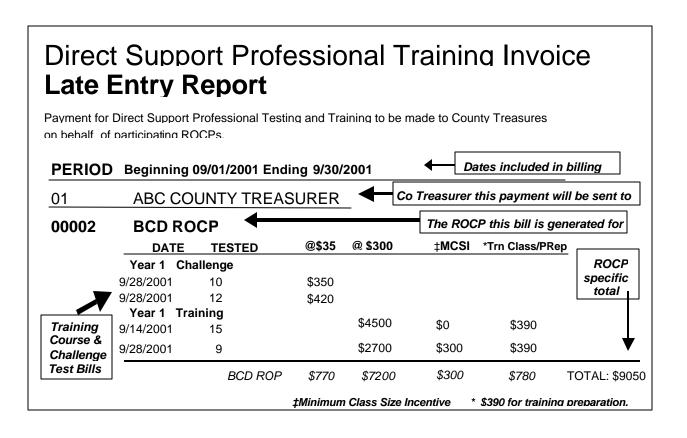d.   Notify ESGVROP/TC of the letter assigned to each class by memo included with the answer sheets.

C.   SAMPLE INVOICES

Below is a sample billing report generated by ESGVROP/TC including explanations *in bold italic font*.

Direct Support Professional Training Invoice

Payment for Direct Support Professional Testing and Training to be made to County Treasures
on behalf of participating ROCPs.

PERIOD Beginning 09/01/2001 Ending 9/30/2001						← *Dates included in billing*
01	ABC COUNTY TREASURER			←	*Co Treasurer this payment will be sent to*	
00002	**BCD ROCP**	←	*The ROCP this bill is generated for*			

DATE	TESTED	@$35	@ $300	‡MCSI	*Trn Class/PRep	
Year 1 Challenge						*ROCP specific total*
9/28/2001	10	$350				
9/28/2001	12	$420				
Year 1 Training			$4500	$0	$390	
9/14/2001	15					
9/28/2001	9		$2700	$300	$390	
	BCD ROP	$770	$7200	$300	$780	TOTAL: $9050

Training Course & Challenge Test Bills

‡*Minimum Class Size Incentive*   * *$390 for training preparation.*

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Below is a sample late billing report generated by ESGVROP/TC including explanations **in bold italic font**.

Direct Support Professional Training Invoice
Late Entry Report

Payment for Direct Support Professional Testing and Training to be made to County Treasures
on behalf of participating ROCPs.

PERIOD **Beginning 09/01/2001 Ending 9/30/2001** ← **Dates included in billing**

01 ABC COUNTY TREASURER ← **Co Treasurer this payment will be sent to**

00002 **BCD ROCP** ← **The ROCP this bill is generated for**

DATE	TESTED	@$35	@ $300	‡MCSI	*Trn Class/PRep	
Year 1	**Challenge**					**ROCP specific total**
9/28/2001	10	$350				
9/28/2001	12	$420				
Year 1	**Training**					
9/14/2001	15		$4500	$0	$390	
9/28/2001	9		$2700	$300	$390	
	BCD ROP	*$770*	*$7200*	*$300*	*$780*	TOTAL: $9050

Training Course & Challenge Test Bills

‡Minimum Class Size Incentive   ** $390 for training preparation.*

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D.   SAMPLE PAYMENT REPORT

Below is a sample warrant report generated by CDE.

ROCP reimbursements for fiscal year 2000 ‑ 01

PymtID   16

ROCPName   ABC ROP

CountyName   ABC County

		Warrant Date			Warrant Date
JUI00	$180.00	7/11/01	**May01**	$0.00	
Aug00-Sep00	$150.00	1/11/01	**Jun01**	$455.00	11/16/01
Oct00	$280.00	3/21/01	**Jun01-1**	$0.00	
Nov00-Dec00	$525.00	4/4/01	**Jun01T4 T**	$0.00	
Dec 00 -T4T	$0.00		**Jan-May01TP**	$0.00	
Jan01	$0.00		**Aug00Sep00Feb01**	$0.00	
Feb01	$0.00		**Startup-Mkt99-00**	$600.00	9/10/01
Mar01	$0.00		**Jul00-Jun01Recon**	$90.00	10/11/01
Apr01	$0.00		**Dec00T4T**	$0.00	

Notes of explanation about field names listed above:

1. The month and year in the field above indicates the period for which challenge tests or training occurred.

2. Dec00-T4T in the field above indicates the payment for train-the-trainier that occurred in Dec 2000 in Berkelev or Ontario.

3. June01-T4T in the field above indicates the payment for-the train that occurred in June 2001 in San Diego.

4. Jan-MayTP in the field above indicates the payment for teacher preparation for the period of Jan 2001 – Jun/May 2001.

5. Aug00-Sep-Feb01 in the field above indicates the period for which challenge tests or training occurred for ABC ROP.

6. Startup-Mktg99-00 in the field above indicates the reimbursement for the number of training sites for 1999 and 2000 multiplied by $3000 per site.

7. Jul00-Jun01Recon in the field above indicates the reimbursement for the LEA after a reconciliation was performed .

8. Dec00T4T in the field above indicates the additional payment for ABC ROP for train-the-trainer that occurred in Dec 2000.

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E.   SAMPLE INVOICE COVER LETTER

Dear DSP Program Administrator:

Enclosed is the Direct Support Professional Training (DSPT) Invoice (DDS Financial Report) for the month of [month, year]. This report is the invoice sent to CDE for payment purposes.

Also enclosed you may find the following report as appropriate:

> *Late Entry Report:* Documents any additions or adjustments resulting from ROCP late reporting of testing or training in the prior reporting period.

[If no invoice is enclosed, we have no records of your conducting any test or training for this period.]

PLEASE REVIEW ALL OF THE ENCLOSED REPORTS CAREFULLY. You have 30 days from the date of this memo to report any changes or discrepancies to Peter Searls at the East San Gabriel Valley ROP/TC, 800-910-4604 or 626-472-5150.

If there are no reported changes within 30 days from the date of this memo, the information is considered final and **NO FURTHER ADJUSTMENTS WILL BE MADE.**

Thank you for your continued support and cooperation.

Yours truly,

Peter Searls, ESGVROP/TC DSP Project Manager

Enclosure(s)